



Anguilla Tennis Academy  
*"Shaping lives and building a future since 1996"*

**ANGUILLA TENNIS ACADEMY ("ATA") JUNIOR PRIVATE TENNIS LESSONS APPLICATION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Coach Name**

**Package Selected**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount Due:

Amount Paid:

Balance:

Credits:

PACKAGE START DATE	PACKAGE END DATE

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I understand this application is subject to acceptance by the CEO and that if accepted, my child(ren) shall have the right to use and enjoy the facilities for private lessons according to the package selected in accordance with the rules and regulations now in effect or as they may be hereafter amended by the CEO of the Anguilla tennis Academy, including the payment rules.

I understand that payment for the junior package lessons for my child(ren) is non refundable and is not transferable to any of the ATA programs.

By signing this application I hereby agree to pay the cost of the package and comply with all the payment terms of the ATA.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_